

Facilities Checklist

Attach manufacturers' data sheets, site planning guide and Q&M manuals if available

A Type of Expenditure		Description of Equipment	
<input type="checkbox"/> Equipment <input type="checkbox"/> Facility Renovation/Modification <input type="checkbox"/> Internal Relocation <input type="checkbox"/> Other (list): _____		Name: _____ Manufacturer: _____ Model No.: _____ UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any equipment being replaced by this acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate disposition of replaced items:			
B Description of Renovation, Modification, or Relocation		Anticipated Completion Date: / /	
C Proposed Location			
1. Department: Building: _____, Floor: _____ & Room: _____		2. Is any Facilities preparation or installation work necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete applicable sections below)	
D Electrical			
1. Type of Connection: <input type="checkbox"/> Cord/cap: _____ or <input type="checkbox"/> Hard wired (specify NEMA No. if known)		2. Specifications: 2a. Nominal voltage: _____ volts 2b. Full load current: _____ amps 2c. No. of Phases: (1 or 3) 2d. Frequency: _____ Hertz	
3. Specify any special conditioning required:			
E Required Environment			
1. Cleanliness class:		2. Biosafety Level:	
3. Operating ranges: Temperature: °F / °C ± _____		°F / °C and Humidity: % ± _____ %	
4. Specify any special environmental consideration:			
F Compressed Air <input type="checkbox"/> N/A			
1. Rate: SCFM		2. Pressure: PSIG ± _____	
		3. Type connection: <input type="checkbox"/> Quick disconnect <input type="checkbox"/> Solid piped	
G Water Supply <input type="checkbox"/> N/A			
1. Domestic cold water: GPM		2. Domestic hot water: GPM	
3. RO: GPM		4. Cooling water: GPM and Temperature Range: °F / °C ± _____	
H Drainage <input type="checkbox"/> N/A			
1. <input type="checkbox"/> Sanitary sewage - Estimated daily discharge: GPD		2. <input type="checkbox"/> Floor drains - Estimated daily discharge: GPD	
I Ventilation <input type="checkbox"/> N/A			
1. Face velocity:		2. Total Volume: CFM	
3. If unknown, indicate equipment or procedure, including type and quantities of vapors:			
J Steam <input type="checkbox"/> N/A			
1. Boiler Steam: lbs./hr. @ _____		PSIG	

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K Vacuum <input type="checkbox"/> N/A	
1. Rate: CFM @ in. water or in. Hg	
L Construction / Carpentry <input type="checkbox"/> N/A	
M Gas Supply <input type="checkbox"/> N/A	
1. Type of gas:	2. Type of container (specify cyl., dewar, etc.):
3. Amount of on-site storage required (specify cu. ft., gal., etc.):	
4. Estimated consumption (specify gpd./day, cu. ft./day):	
5. Type of connection:	
N Moving/Rigging <input type="checkbox"/> N/A	
1. Net weight: lbs.	2. Overall size (in ft.): L x W x H
O Material Storage Needs <input type="checkbox"/> N/A	
1. Flammable or Explosive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list estimated quantity (specify cu. ft., gal., etc.):	
2. Corrosive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list estimated quantity (specify cu. ft., gal., etc.):	
3. Toxic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list estimated quantity (specify cu. ft., gal., etc.):	
4. Cold Room? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list temperature: °F / °C	
P Waste Disposal/Treatment <input type="checkbox"/> N/A	
1. Type of waste produced (specify EPA No. if known):	
2. Estimated quantity generated: GPD	3. Will disposal be required? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Proposed treatment or pretreatment, if any:	
5. Air emissions, if any (dust, vapors, etc.):	
Q Maintenance/Service <input type="checkbox"/> N/A	
1. In-house <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Outside Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No
1a. By whom?	2a. Blanket order: <input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Frequency?	2b. Proposed Vendor:
1c. Extent:	2c. Estimated Annual Cost: \$
R Miscellaneous Information <input type="checkbox"/> N/A	
1. Special training required? If so, describe:	
2. Person responsible for SOP, if applicable:	
Approvals Please send this form and any attachments to Jim Aquilino, Property Manager	
Requestor (print name, sign and date)	Director (print name, sign and date)
Property Manager (print name, sign and date)	

This request is not approved by the Maintenance Manager. Please see attached comments.